

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106

County Registrar No. 84

Local Registrar No. 49

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Betty Cherill Young { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Feb. 4, 1925 Month Day Year

8. FATHER
Full name Brigham Young
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Falcon
(State or country) Alabama

13. Occupation
Nature of industry Mechanic

14. MOTHER
Full maiden name Lilla May Hill
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Mesa
(State or country) Arizona

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2 P. m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Byril M. Brown M.D. (Physician or midwife.) Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____ Filed Feb 15, 1925 Kelso & Braxton Local Registrar.

Registrar _____ Filed 3/4, 1925 G.E. Wigham County Registrar.

287-204-383